



## Medwork Independent Review

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### *MEDWORK INDEPENDENT REVIEW WC DECISION*

**DATE OF REVIEW:** 5/26/2015

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Right ankle arthroscopy and ligament stabilization

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Texas State Licensed MD Board Certified Orthopedic Surgeon.

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)  
☒ Overturned (Disagree)  
☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

### **PATIENT CLINICAL HISTORY:**

The claimant is a female who sustained an injury to the right ankle on xx/xx/xx. She was diagnosed with a lateral malleolus/fibula fracture and sprain of ankle. The claimant developed a nonunion of her fibular fracture and underwent open reduction internal fixation with calcaneal autograft on 5/12/2014. This fracture subsequently healed yet the claimant continues to have recurrent lateral ankle instability and persistent pain. Physical therapy has been attempted along with immobilization.

The claimant has chronic episodes of instability which then subsequently causes aching and throbbing. The symptoms do improve with rest. On physical exam there is evidence of tenderness on the lateral aspect of the ankle. There is increased laxity and translation with an anterior drawer test. There is guarding during the exam. Radiographs were mentioned, yet there was no evidence of instability on stress x-rays. There was no appreciable osteochondral defect or arthritis seen on x-ray.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The claimant has attempted conservative measures including immobilization, physical therapy, and pain medication. The symptoms and pain have not resolved. The initial fibular fracture was treated with surgery and has gone on to union. She continues to complain of instability which then leads to swelling and pain. On physical exam, surgeons have documented anterior laxity. Radiographically laxity has not been documented and there is no evidence of arthritis.



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Based on the ODG guidelines and peer reviewed literature, chronic ligamentous instability of the ankle which has not responded to conservative measures responds better to operative treatment than functional treatment. This claimant has persistent instability which can be defined as dynamic instability and therefore is medically necessary for this patient

Recommended as indicated below for Grade III sprains. Operative treatment for severe ruptures of the lateral ankle ligaments leads to better results than functional treatment, and functional treatment leads to better results than cast immobilization for six weeks. There was some evidence for a lower incidence of long-term ankle swelling in surgically treated patients. However, as well as tending to take longer to resume normal activities, including work, there was some limited evidence from a few trials for a higher incidence of ankle stiffness, impaired ankle mobility and complications in the surgical treatment group. In view of the low quality methodology of almost all the studies, this review does not provide sufficient evidence to support any specific surgical intervention for chronic ankle instability.

After surgical reconstruction for chronic lateral ankle instability, early functional rehabilitation was shown to be superior to six weeks immobilization regarding time to return to work and sports. This RCT concluded that, in terms of recovery of the pre injury activity level, the long-term results of surgical treatment of acute lateral ligament rupture of the ankle correspond with those of functional treatment.

Although surgery appeared to decrease the prevalence of re injury of the lateral ligaments, there may be an increased risk for the subsequent development of osteoarthritis. According to this systematic review of treatment for ankle sprains, there is a role for surgical intervention in severe acute and chronic ankle injuries, but the evidence is limited.

In comparing immobilization, functional treatment and surgical treatment, the evidence does not endorse the choice of surgical over conservative treatment (or vice versa) following acute ankle sprain. With respect to secondary outcomes, the results suggest a possible positive effect of surgery on objectively measured instability (radiographical assessment of talar tilt or anterior drawer test), but complications were generally higher in the surgical group. Functional treatment is preferred over surgical therapy for lateral ankle injury, but surgical treatment can be considered on an individual basis.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES



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- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☒ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

### **REFERENCES:**

1. Giannini et al 2015
2. Pijnenburg, 2000
3. Kerhoffs, 2002
4. de Vries-Cochrane, 2006
5. Pihlajamäki, 2010
6. Seah, 2011
7. Kamper, 2012